

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

INFORMATION FOR COMPLETING LICENSED PRACTICAL NURSE ENDORSEMENT APPLICATION

Have you ever been licensed in Wisconsin as a Licensed Practical Nurse? If yes, do not complete this application. For instructions on reinstating your Wisconsin license call the Board of Nursing, Renewal Office at (608) 266-0627.

REQUIREMENTS FOR ENDORSEMENT CANDIDATES

An applicant is eligible for licensure **BY ENDORSEMENT** if the applicant has graduated from a board-approved school of practical nursing; has passed NCLEX or a state board test pool examination for licensed practical nurses; holds a current L.P.N. license in another State or U.S. Territory on which no disciplinary action has been taken; has not been terminated from employment related to nursing for reasons of negligence or incompetence; and does not have an arrest or conviction record subject to the Fair Employment Act. (*See attached Convictions and Pending Charges Form #2252.*)

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. **Application (Form #2224):** Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Regulation & Licensing". Mail to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. *See page 2 of Form #2224 for other required documents.*
2. **Statement of Graduation (Form #259)** ("Board-approved school" U.S. or U.S. territory): Complete and forward to your board-approved school of nursing. *This form must be returned directly* to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. **Forms received from the applicant will be rejected by the board. Official transcripts are not required.** If the school you graduated from is closed, contact the Department of Public Instruction in the state where you graduated to determine where the records for the closed school were transferred.
3. **Verification of Licensure :**
 - To obtain verification from another state board, you **must first** view the NURSUS web site at (www.nursys.com) to see if your verification can be processed through NURSUS. Please follow their instructions for online processing.
 - If the state in which you *currently have or ever held* a license as a licensed practical nurse **is not** one of the participating states which uses the NURSUS program, complete the enclosed form #741 (this form may be copied). You must first contact each state board prior to forwarding this form to see if a fee is required for this service. This completed form must be returned directly to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. **Verifications received from the applicant will be rejected by the Board.**
4. **Temporary Permit (Form #2433) (optional):** Complete the top portion of this form and return to the board with your application and the appropriate fee.

An applicant for L.P.N. licensure who holds a current license in another state, or U.S. Territory, may be eligible for a temporary permit upon submission of a completed application, supporting documents, credential fee, temporary fee, proof of graduation from a board-approved school of practical nursing, and a copy of their current license. A licensed practical nurse licensed in another state who holds a valid Wisconsin temporary permit may use the title "Licensed Practical Nurse" or "L.P.N." and function without limitations. A temporary permit is good for a period of 90 days and is non-renewable.

You may not practice as a Licensed Practical Nurse in Wisconsin unless you have either a permanent license or a temporary permit.

Wisconsin Department of Regulation & Licensing

FOREIGN GRADUATES (including Canada)

Statement of Foreign Nursing Education (Form #1006): Complete and forward to your board-approved school of nursing. The school must return Form #1006 directly to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935.

Forms received from the applicant will be rejected by the board.

TOEFL (Test of English as a Foreign Language): If English was not the primary spoken and written language of instruction, an "Official Score Report" must be sent directly to the board from TOEFL. To request the testing agency to forward your score report, or to make arrangements to take the TOEFL, contact: TOEFL/TSE Services, P.O. Box 6151, Princeton, NJ 08451-6151, USA or call (609) 771-7100. **Passing score required is 207.**

AMERICANS WITH DISABILITIES ACT

The department complies with the Americans With Disabilities Act of 1990. The department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

REQUESTS FOR EXAMINATION MODIFICATIONS FOR PERSONS WITH DISABILITIES

Candidates must indicate at the time of application to the department that modifications are being requested. Requests must include a specific description by the candidate of requested modifications, a letter of diagnosis of specific disability from a qualified professional, and a letter from the nursing education program indicating what modifications were granted by the program. Request forms are available at (608) 266-2852 or TTY at (608) 267-2416.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

MAILING INSTRUCTIONS

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF REGULATION & LICENSING
BOARD OF NURSING
PO BOX 8935
MADISON WI 53708-8935

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

LICENSED PRACTICAL NURSE LICENSURE BY ENDORSEMENT APPLICATION BOARD OF NURSING

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____	
Ethnic/gender status information is optional. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

Nursing School: _____
School Address: _____
(City) (State)
Graduation Date: ____ month ____ day ____ year
Type of Degree: _____

State of Original Licensure: _____

What is your state of primary residence?

If not Wisconsin, do you plan to move to Wisconsin and take up primary residence?

☐ Yes ☐ No

APPLICATION FEES

Make check payable to Department of Regulation and Licensing and attach to application.

☒ \$ 69.00 Endorsement Fee

CHECK BOX FOR TEMPORARY PERMIT

☐ \$ 10.00 in addition to the above fee (*non-refundable*)

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. Fee(s) attached to this completed 5 page application (Form #2224).
2. Statement of Graduation from Nursing School (Form #259). (U.S. graduates only.)
3. Verification of licensure (include active and inactive licenses). See below.*
4. Conviction and Pending Charges (Form #2252) (if applicable).
5. Copies of malpractice suit(s) (if applicable). Submit copy of court documents of criminal complaint and judgment of conviction.
6. Statement of Foreign Nursing Education (Form #1006). (Foreign graduates only.)
7. TOEFL score report if English was not the primary language of instruction. (Foreign graduates only.)

IS NAME ON ALL DOCUMENTS THE SAME? IF NOT, SUBMIT COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

PRACTICE: Account for all activities and practice from date of graduation to the present time. **Must include professional and non-professional activities. ALL dates and time must be accounted for.** (Attach additional sheets if necessary.)

<u>EMPLOYER/ACTIVITY</u>	<u>CITY/STATE</u>	<u>DATES (from - to)</u> mo/yr
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

In what state(s) do you intend to practice with your Wisconsin license? _____

I AM, OR HAVE BEEN, LICENSED IN THE FOLLOWING STATES (Include all active and inactive states):

By Written Exam: _____

By Endorsement/Reciprocity: _____

* To obtain verification from another state board, you **must first** view the NURSYS web site at (www.nursys.com) to see if your verification can be processed through NURSYS. Please follow their instructions for online processing.

If the state in which you *currently have or ever held* a license as a licensed practical nurse **is not** one of the participating states which uses the NURSYS program, complete the enclosed form #741 (this form may be copied). You must first contact each state board prior to forwarding this form to see if a fee is required for this service. This completed form must be returned directly to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935.
Verifications received from the applicant will be rejected by the Board.

Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

	<u>YES</u>	<u>NO</u>
1. Do you anticipate taking the NCLEX in another state? If yes, in which state and date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health and Family Services regarding communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever surrendered, resigned, cancelled or been denied a professional license or other license in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever failed to pass any state board examination, province of Canada examination, or NCLEX? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any licensing agency ever taken any disciplinary action against you, including but not limited to, any reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the licensing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
6. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you registered, certified, or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been registered, certified, or licensed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a licensed practical nurse" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned nursing judgments and to learn and keep abreast of nursing developments; and
2. The ability to communicate those judgments and nursing information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform nursing tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

Wisconsin Department of Regulation & Licensing

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | | | |
|-----|--|--------------------------|--------------------------|
| 13. | Do you have a medical condition which in any way impairs or limits your ability to practice nursing with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Does your use of chemical substance(s) in any way impair or limit your ability to practice nursing with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE READ AND SIGN BELOW

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my license or other disciplinary action. I also understand that if I am issued a license, failure to comply with the laws or rules of either the Board of Nursing or the Department of Regulation and Licensing will be cause for disciplinary action.

Applicant Signature

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us/

STATEMENT OF GRADUATION

("Board-approved school" U.S. or U.S. Territory)

APPLICANT: Complete the top portion of this form and forward to the school of nursing in which you received your basic nursing education. Request the school to return the completed form directly to the **Wisconsin Board of Nursing**.

CHECK ONE: ☐ Registered Nurse ☐ Licensed Practical Nurse

NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN/FORMER)

ADDRESS _____
(NO. & STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

DATE OF BIRTH _____ SOCIAL SECURITY # _____
(MONTH) (DAY) (YEAR) Voluntary, for use by school to locate your records

NURSING EDUCATION PROGRAM COMPLETED _____
(NAME OF SCHOOL OF NURSING)

LOCATION _____ DATE OF GRADUATION _____
(CITY) (STATE) (COUNTRY) (MONTH) (DAY) (YEAR)

I HEREBY AUTHORIZE THE _____ SCHOOL OF NURSING TO
FURNISH THE WISCONSIN BOARD OF NURSING THE INFORMATION REQUESTED BELOW.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL OF NURSING

This is to certify that _____
(name)

successfully completed the nursing program at _____
(name of school of nursing)

_____ and graduated on _____
(location) (MONTH) (DAY) (YEAR)

The type of registered nursing completed was: ☐ BSN
☐ ADN
☐ BA
☐ DIP

The type of practical nursing completed was: ☐ LPN/TPN

Was this school of nursing state approved at the time of graduation? ☐ YES ☐ NO

SCHOOL SEAL/STAMP

Signed: _____

Title: _____

Date: _____

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us/>

STATEMENT OF FOREIGN NURSING EDUCATION

(Foreign Graduates Only, Including Canada)

APPLICANT: Complete the top portion of this form and forward to the school of nursing in which you received your basic nursing education. Request the school to return the completed form directly to the **Wisconsin Board of Nursing**.

CHECK ONE:

☐ Registered Nurse

☐ Licensed Practical Nurse

NAME

(LAST)

(FIRST)

(MIDDLE)

(MAIDEN/FORMER)

ADDRESS

(NO. & STREET OR P.O. BOX)

(CITY)

(STATE)

(ZIP)

DATE OF BIRTH

(MONTH)

(DAY)

(YEAR)

NURSING EDUCATION PROGRAM COMPLETED

(NAME OF SCHOOL OF NURSING)

LOCATION

(CITY)

(STATE)

(COUNTRY)

DATE OF GRADUATION

(MONTH)

(DAY)

(YEAR)

I HEREBY AUTHORIZE THE _____ SCHOOL OF NURSING TO
FURNISH THE WISCONSIN BOARD OF NURSING THE INFORMATION REQUESTED BELOW.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL OF NURSING

TO: DIRECTOR, SCHOOL OF NURSING: Please complete this form and return it directly to the Board of Nursing, Department of Regulation & Licensing, P.O. Box 8935, Madison, WI 53708-8935.

Date of Graduation

(MONTH)

(DAY)

(YEAR)

Type of Diploma/Degree

Was the school **accredited** at the time this applicant graduated? ☐ Yes ☐ No

If yes, what was the name of the accrediting agency? _____

What was the **primary spoken and written language of instruction** used in the school when this applicant graduated? _____

SCHOOL SEAL/STAMP

Signed: _____

Title: _____

Date: _____

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

VERIFICATION OF LICENSURE

APPLICANT: Complete the top portion of this form and forward to the Board(s) in the state(s) in which you have ever been licensed. (This form may be copied.)

CHECK ONE: ☐ Registered Nurse ☐ Licensed Practical Nurse

NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN/FORMER)

ADDRESS _____
(NO. & STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

DATE OF BIRTH _____ ORIGINAL LICENSE # _____
(MONTH) (DAY) (YEAR) DATE ISSUED (YEAR)

NAME OF SCHOOL OF NURSING (NO INITIALS) _____

LOCATION _____
(CITY) (STATE) (COUNTRY)

I HEREBY AUTHORIZE THE _____ BOARD OF NURSING TO
FURNISH THE WISCONSIN BOARD OF NURSING THE INFORMATION REQUESTED BELOW.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

STATE BOARD: Please complete this section and submit it to the Wisconsin Board of Nursing at P.O. Box 8935, Madison, WI 53708.

NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN/FORMER)

Original License Number _____ Date of Issuance (Month/Day/Year) _____

Check one:

- ☐ RN
☐ LPN

Licensed By:

- ☐ Examination
☐ Endorsement
☐ Waiver

Was the examination in English?

- ☐ Yes ☐ No

Current Licensure Status:

- ☐ Active
☐ Inactive
☐ Lapsed

Has this license ever been encumbered (revoked, suspended, surrendered, restricted, limited, placed on probation, etc.) in any way?

- ☐ Yes ☐ No

If yes, attach explanation and copy of the public documents.

SEAL

Signed: _____

Title: _____

State: _____ Date: _____

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us/>

REQUEST FOR TEMPORARY PERMIT FOR REGISTERED NURSE OR LICENSED PRACTICAL NURSE

CHECK ONE: ☐ Registered Nurse ☐ Licensed Practical Nurse

A completed application, with proof of graduation from a board-approved school of professional nursing and the fee specified, must be received in the board office prior to granting a temporary permit. Applicants who have not taken the NCLEX or, have taken the NCLEX and are awaiting results are required to practice under the **direct supervision** of a credentialed R.N. who has a current active registered nurse license in Wisconsin. Applicants who have a current license in another state or U.S. territory are not required to practice under direct supervision.

A temporary permit is valid for 90 days or until the holder is notified he/she failed the NCLEX. **Temporary permits are non-renewable.**

NAME OF APPLICANT: (Please print) _____

Please check one:

- ☐ I am currently licensed as an R.N./L.P.N. in another state or U. S. Territory and have no past or pending disciplinary actions in another state. *(May practice without direct supervision of an R.N. Statement of Supervising R.N. is not required.)* I will be practicing in the state of Wisconsin at:

Name of Facility _____ Street Address _____

City _____, WI Zip _____ Phone Number (____) _____

Attach a copy of your current license from another state.

- ☐ I plan to take the NCLEX for R.N./L.P.N. and wish to begin practicing prior to taking the examination. *(Direct supervision by an R.N. is required)*
- ☐ My initial application for licensure as an R.N./L.P.N. is pending in another state or U.S. territory. I have not failed any licensing examination in another state. I wish to begin practicing pending receipt of examination results and credentialing. *(Direct supervision by an R.N. is required.)*

STATEMENT OF SUPERVISING REGISTERED NURSE

The above-named applicant will be employed to work as an R.N./L.P.N. at the address listed below. Direct supervision by an R.N. will be provided.

The duration of this temporary permit is for a period of 90 days or until the holder is notified he/she failed the NCLEX. **Temporary permits are non-renewable.**

Supervisor Signature and Title

Facility Name

Print Name and Wisconsin RN License Number

Street Address

(____) _____
Phone Number

City and State Zip Code

Date

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us/>

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth _____ month day year	Social Security Number _____ Information helps us identify your record, but is voluntary. It is not available to the public.
Ethnic/gender information is required to check criminal information records.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE

DATE OF ARREST

LOCATION OF ARREST (city/state)

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

Date

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public

Date

My commission (is permanent) _____ expires _____.

SEAL

Department of Regulation & Licensing

State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416¹ hearing or speech
TRS# 1-800-947-3529 impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: dorl@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Chapter HFS 145

CONTROL OF COMMUNICABLE DISEASES

Subchapter I — General Provisions

- HFS 145.01 Statutory authority.
- HFS 145.02 Purpose and scope.
- HFS 145.03 Definitions.
- HFS 145.04 Reports of communicable diseases.
- HFS 145.05 Investigation and control of communicable diseases.
- HFS 145.06 General statement of powers for control of communicable disease.
- HFS 145.07 Special disease control measures.

Subchapter II — Tuberculosis

- HFS 145.08 Definitions.
- HFS 145.09 Laboratory procedures.
- HFS 145.10 Restriction and management of patients and contacts.
- HFS 145.11 Discharge from isolation or confinement.

- HFS 145.12 Certification of public health dispensaries.
- HFS 145.13 Dispensary reimbursement.

Subchapter III — Sexually Transmitted Disease

- HFS 145.14 Definitions.
- HFS 145.15 Case reporting.
- HFS 145.16 Reporting of cases delinquent in treatment.
- HFS 145.17 Determination of sources and contacts.
- HFS 145.18 Criteria for determination of suspects.
- HFS 145.19 Examination of suspects.
- HFS 145.20 Commitment of suspects.
- HFS 145.21 Treatment of minors.
- HFS 145.22 Treatment guidelines.

Note: Chapter HSS 145 was renumbered chapter HFS 145 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 6. and 7., Stats., Register, June, 1997, No. 498.

Subchapter I — General Provisions

HFS 145.01 Statutory authority. This chapter is promulgated under the authority of ss. 252.02 (4), 252.06 (1), 252.07 (1p) and (11), 252.10 (1), 252.10 (6) (a) and (b), 252.11 (1) and (1m), 254.51 (3) and 990.01 (5g), Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, March, 2000, No. 531, eff. 4-1-00; correction made under s. 13.93 (2m) (b) 7., Stats., Register, March, 2002 No. 555; CR 01-105: am. Register March 2002 No. 555, eff. 4-1-02.

HFS 145.02 Purpose and scope. This chapter establishes a surveillance system for the purpose of controlling the incidence and spread of communicable diseases. This surveillance system consists of timely and effective communicable disease reporting, means of intervention to prevent transmission of communicable diseases, and investigation, prevention and control of outbreaks by local health officers and the department, and in addition provides information otherwise pertinent to understanding the burden of communicable disease on the general population.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.03 Definitions. In this chapter:

- (1) "Advanced practice nurse prescriber" means an advanced practice nurse, as defined in s. N 8.02 (1), who under s. 441.16 (2), Stats., has been granted a certificate to issue prescription orders.
- (2) "Case" means a person determined to have a particular communicable disease on the basis of clinical or laboratory criteria or both.
- (3) "Chief medical officer" means the person appointed by the state health officer under s. 250.02 (2), Stats., to provide public health consultation and leadership in the program area of acute and communicable disease and who serves also as state epidemiologist for that program area.
- (4) "Communicable disease" means a disease or condition listed in Appendix A of this chapter.
- (5) "Control" means to take actions designed to prevent the spread of communicable diseases.
- (6) "Conveyance" means any publicly or privately owned vehicle used for providing transportation services.
- (7) "Date of onset" means the day on which the case or suspected case experienced the first sign or symptom of the communicable disease.
- (8) "Day care center" has the meaning prescribed in s. 48.65, Stats., and includes nursery schools that fit that definition.

(9) "Department" means the department of health and family services.

(10) "Food handler" means a person who handles food utensils or who prepares, processes or serves food or beverages for people other than members of his or her immediate household.

(11) "Health care facility" has the meaning prescribed in s. 155.01 (6), Stats., and includes providers of ambulatory health care.

(12) "HIV" means human immunodeficiency virus.

(13) "Individual case report form" means the form provided by the department for the purpose of reporting communicable diseases.

(14) "Investigation" means a systematic inquiry designed to identify factors which contribute to the occurrence and spread of communicable diseases.

(15) "Laboratory" means any facility certified under 42 USC 263a.

(16) "Local health department" means an agency of local government that takes any of the forms specified in s. 250.01(4), Stats.

(17) "Local health officer" has the meaning prescribed in s. 250.01 (5), Stats., and applies to the person who is designated as the local health officer for the place of residence of a case or suspected case of communicable disease.

(18) "Organized program of infection control" means written and implemented policies and procedures for the purpose of surveillance, investigation, control and prevention of infections in a health care facility.

(19) "Other disease or condition having the potential to affect the health of other persons" means a disease that can be transmitted from one person to another but that is not listed in Appendix A of this chapter and therefore is not reportable under this chapter, although it is listed in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, D.C., 20005.

(20) "Outbreak" means the occurrence of communicable disease cases, in a particular geographical area of the state, in excess of the expected number of cases.

(21) "Personal care" means the service provided by one person to another person who is not a member of his or her immediate household for the purpose of feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding and other services involving direct physical contact.

(22) "Physician" means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board, and holding a license granted by the board under s. 448.01 (5), Stats.

(23) "Public building" means any privately or publicly owned building which is open to the public.

(24) "Public health intervention" means an action designed to promote and protect the health of the public.

(25) "State epidemiologist" means the person appointed by the state health officer under s. 250.02 (1), Stats., to be the person in charge of communicable disease control for the state who serves also as chief medical officer for the acute and communicable disease program area.

(26) "Surveillance" means the systematic collection of data pertaining to the occurrence of specific diseases, the analysis and interpretation of these data and the dissemination of consolidated and processed information to those who need to know.

(27) "Suspected case" means a person thought to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (2) and (11), Register, February, 1989, No. 398, eff. 3-1-89; correction in (8) and (9) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.04 Reports of communicable diseases.

(1) **RESPONSIBILITY FOR REPORTING.** (a) Any person licensed under ch. 441 or 448, Stats., knowing of or in attendance on a case or suspected case shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section.

(b) Each laboratory shall report the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(c) Each health care facility shall ensure that reports are made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, in the manner specified in sub. (3). When a case is identified or suspected in a health care facility having an organized program of infection control, the person in charge of the infection control program shall ensure that the case or suspected case is reported to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, minimizing unnecessary duplication.

(d) Any teacher, principal or nurse serving a school or day care center knowing of a case or suspected case in the school or center shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section.

(e) Any person who knows or suspects that a person has a communicable disease shall report the facts to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(g) Nothing in this subsection lessens the requirement for confidentiality of HIV test results under s. 252.15, Stats.

(2) **CONTENT OF REPORT.** (a) Each report under sub. (1) (a) to (d) of a case or suspected case of a communicable disease to the local health officer or the state epidemiologist shall include the name and address of the person reporting and of the attending physician, if any, the diagnosed or suspected disease, the name of the ill or affected individual, that individual's address and telephone number, age or date of birth, race and ethnicity, sex, county of residence, date of onset of the disease, name of parent or guardian if a minor, and other facts the department or local health officer requires for the purposes of surveillance, control and prevention of communicable disease.

(b) Reports may be written or verbal. Written reports shall be on the individual case report form provided by the department and distributed by the local health officer or on a form containing the information required under par. (a). Reports shall be submitted to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(c) Reports by laboratories of the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease shall be made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. These reports shall include the name of the individual affected or ill, the individual's address, telephone number, county of residence, age or date of birth, the name of the attending physician and the identity or suspected identity of the organism or the laboratory findings.

(d) All information provided under this subsection shall remain confidential except as may be needed for the purposes of investigation, control and prevention of communicable diseases.

(3) **URGENCY OF REPORTS.** (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category I of Appendix A of this chapter to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist.

(b) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of less urgent public health importance as listed in categories II and III of Appendix A of this chapter to the local health officer or, if required under Appendix A, to the state epidemiologist, by individual case report form or by telephone within 72 hours of the identification of a case or suspected case.

(c) A person, laboratory or health care facility required to report under sub. (1) shall report the total number of cases or suspected cases of the other communicable diseases listed in Appendix A to the local health officer on a weekly basis.

(4) **HANDLING OF REPORTS BY THE LOCAL HEALTH OFFICER.** (a) The local health officer shall notify the state epidemiologist immediately of any cases or suspected cases reported under sub. (3) (a).

(b) At the close of each week, the local health officer shall notify the state epidemiologist in writing on a form provided by the department of all cases of reported diseases listed in Appendix A.

(c) Local health departments serving jurisdictions within the same county may, in conjunction with the department, establish a combined reporting system to expedite the reporting process.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (1), (2) (a) to (c), (3) (a) and (b), cr. (1m), Register, February, 1989, No. 398, eff. 3-1-89; correction in (1m) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; renum. and am. (1m) to be (1) (g), am. (3) (a), (4) (a) and cr. (4) (c), Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.05 Investigation and control of communicable diseases.

(1) The local health officer shall use all reasonable means to confirm in a timely manner any case or suspected case of a communicable disease and shall ascertain so far as possible all sources of infection and exposures to the infection. Follow-up and investigative information shall be completed by the local health officer and reported to the state epidemiologist on forms provided by the department.

(2) Local health officers shall follow the methods of control set out in section 9 under each communicable disease listed in the 16th edition (1995) of *Control of Communicable Diseases Manual*, edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

(3) Any person licensed under ch. 441 or 448, Stats., attending a person with a communicable disease shall instruct the person in the applicable methods of control contained in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist, and shall cooperate with the local health officer and the department in their investigation and control procedures.

(4) The department in cooperation with the local health officer shall institute special disease surveillances, follow-up reports and control measures consistent with contemporary epidemiologic practice in order to study and control any apparent outbreak or unusual occurrence of communicable diseases.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, DC 20005.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (2) and (3), Register, February, 1989, No. 398, eff. 3-1-89; am. (2) and (3), Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.06 General statement of powers for control of communicable disease. (1) **APPLICABILITY.** The general powers under this section apply to all communicable diseases listed in Appendix A of this chapter and any other infectious disease which the chief medical officer deems poses a threat to the citizens of the state.

(2) **PERSONS WHOSE SUBSTANTIATED CONDITION POSES A THREAT TO OTHERS.** A person may be considered to have a contagious medical condition which poses a threat to others if that person has been medically diagnosed as having any communicable disease and exhibits any of the following:

(a) A behavior which has been demonstrated epidemiologically to transmit the disease to others or which evidences a careless disregard for the transmission of the disease to others.

(b) Past behavior that evidences a substantial likelihood that the person will transmit the disease to others or statements of the person that are credible indicators of the person's intent to transmit the disease to others.

(c) Refusal to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious.

(d) A demonstrated inability to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious, as evidenced by any of the following:

1. A diminished capacity by reason of use of mood-altering chemicals, including alcohol.

2. A diagnosis as having significantly below average intellectual functioning.

3. An organic disorder of the brain or a psychiatric disorder of thought, mood, perception, orientation or memory.

4. Being a minor, or having a guardian appointed under ch. 880, Stats., following documentation by a court that the person is incompetent.

(e) Misrepresentation by the person of substantial facts regarding the person's medical history or behavior, which can be demonstrated epidemiologically to increase the threat of transmission of disease.

(f) Any other willful act or pattern of acts or omission or course of conduct by the person which can be demonstrated epidemiologically to increase the threat of transmission of disease to others.

(3) **PERSONS WHOSE SUSPECTED CONDITION POSES A THREAT TO OTHERS.** A person may be suspected of harboring a contagious medical condition which poses a threat to others if that person exhibits any of the factors noted in sub. (2) and, in addition, demonstrates any of the following without medical evidence which refutes it:

(a) Has been linked epidemiologically to exposure to a known case of communicable disease.

(b) Has clinical laboratory findings indicative of a communicable disease.

(c) Exhibits symptoms that are medically consistent with the presence of a communicable disease.

(4) **AUTHORITY TO CONTROL COMMUNICABLE DISEASES.** When it comes to the attention of an official empowered under s. 250.02 (1), 250.04 (1) or 252.02 (4) and (6), Stats., or under s. 252.03 (1) and (2), Stats., that a person is known to have or is suspected of having a contagious medical condition which poses a threat to others, the official may direct that person to comply with any of the following, singly or in combination, as appropriate:

(a) Participate in a designated program of education or counseling.

(b) Participate in a defined program of treatment for the known or suspected condition.

(c) Undergo examination and tests necessary to identify a disease, monitor its status or evaluate the effects of treatment on it.

(d) Notify or appear before designated health officials for verification of status, testing or direct observation of treatment.

(e) Cease and desist in conduct or employment which constitutes a threat to others.

(f) Reside part-time or full-time in an isolated or segregated setting which decreases the danger of transmission of the communicable disease.

(g) Be placed in an appropriate institutional treatment facility until the person has become noninfectious.

(5) **FAILURE TO COMPLY WITH DIRECTIVE.** When a person fails to comply with a directive under sub. (4), the official who issued the directive may petition a court of record to order the person to comply. In petitioning a court under this subsection, the petitioner shall ensure all of the following:

(a) That the petition is supported by clear and convincing evidence of the allegation.

(b) That the respondent has been given the directive in writing, including the evidence that supports the allegation, and has been afforded the opportunity to seek counsel.

(c) That the remedy proposed is the least restrictive on the respondent which would serve to correct the situation and to protect the public's health.

(6) **HAZARDS TO HEALTH.** Officials empowered under ss. 250.02 (1), 250.04 (1) and 252.02 (4) and (6), Stats., or under s. 252.03 (1) and (2), Stats., may direct persons who own or supervise real or physical property or animals and their environs, which present a threat of transmission of any communicable disease under sub. (1), to do what is reasonable and necessary to abate the threat of transmission. Persons failing or refusing to comply with a directive shall come under the provisions of sub. (5) and this subsection.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.07 Special disease control measures.

(1) **SCHOOLS AND DAY CARE CENTERS.** Any teacher, principal, director or nurse serving a school or day care center may send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition having the potential to affect the health of other students and staff including but not limited to pediculosis and scabies. The teacher, principal, director or nurse authorizing the action shall ensure that the parent, guardian or other person legally responsible for the child or other adult with whom the child resides and the nurse serving the child's school or day care center are immediately informed of the action. A teacher who sends a pupil home shall also notify the principal or director of the action.

(2) **PERSONAL CARE.** Home health agency personnel providing personal care in the home and persons providing personal care in

health care facilities, day care centers and other comparable facilities shall refrain from providing care while they are able to transmit a communicable disease through the provision of that care, in accord with the methods of communicable disease control contained in Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," unless specified otherwise by the state epidemiologist.

Note: The publication, Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the National Technical Information Service (NTIS), U.S. Dept. of Commerce, 5285 Port Royal Road, Springfield, VA 22161, (703) 486-4650.

(3) **FOOD HANDLERS.** Food handlers shall refrain from handling food while they have a disease in a form that is communicable by food handling, in accord with the methods of communicable disease control contained in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

Note: The handbook, *Control of Communicable Disease Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington D.C. 20005.

(4) **PREVENTION OF OPHTHALMIA NEONATORUM.** The attending physician or midwife shall ensure placement of 2 drops of a one percent solution of silver nitrate, or a 1-2 centimeter ribbon of an ophthalmic ointment containing 0.5% erythromycin or one percent tetracycline, in each eye of a newborn child as soon as possible after delivery but not later than one hour after delivery. No more than one newborn child may be treated from an individual container.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. (4), Register, November, 1984, No. 347, eff. 12-1-84; am. (1) to (3), Register, February, 1989, No. 398, eff. 3-1-89; renun. from HFS 145.06 and am., Register, March, 2000, No. 531, eff. 4-1-00.

Subchapter II — Tuberculosis

HFS 145.08 Definitions. In this subchapter:

(1) "Case management" means the creation and implementation of an individualized treatment plan for a person with tuberculosis infection or disease that ensures that the person receives appropriate treatment and support services in a timely, effective, and coordinated manner.

(2) "Confinement" means the restriction of a person with tuberculosis to a specified place in order to prevent the transmission of the disease to others, to prevent the development of drug-resistant organisms or to ensure that the person receives a complete course of treatment.

(3) "Contact" means a person who shares air with a person who has infectious tuberculosis.

(4) "Contact investigation" means the process of identifying, examining, evaluating and treating a person at risk of infection with *Mycobacterium tuberculosis* due to recent exposure to infectious tuberculosis or suspected tuberculosis.

(5) "Directly observed therapy" means the ingestion of prescribed anti-tuberculosis medication that is observed by a health care worker or other responsible person acting under the authority of the local health department.

(6) "Infectious tuberculosis" means tuberculosis disease of the respiratory tract capable of producing infection or disease in others, as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions, or by radiographic and clinical findings.

(7) "Isolate" means a population of *Mycobacterium tuberculosis* bacteria that has been obtained in pure culture medium.

(8) "Isolation" means the separation of persons with infectious tuberculosis from other persons, in a place and under conditions that will prevent transmission of the infection.

(9) "Licensed prescriber" means an advanced practice nurse prescriber, a physician assistant, or other person licensed to prescribe medication under Wisconsin law.

(10) "Public health dispensary" means a program of a local health department or group of local health departments to prevent and control tuberculosis disease and infection by the identification, medical evaluation, treatment and management of persons at risk for tuberculosis infection or disease.

(11) "Repository" means a central location at the Wisconsin State Laboratory of Hygiene for receipt and storage of patient isolates of *Mycobacterium tuberculosis*.

(12) "Sputum conversion" means the conversion of serial sputum cultures for *Mycobacterium tuberculosis* from positive to negative, in response to effective treatment.

(13) "Suspected tuberculosis" means an illness marked by symptoms, signs, or laboratory tests that may be indicative of infectious tuberculosis such as prolonged cough, prolonged fever, hemoptysis, compatible radiographic findings or other appropriate medical imaging findings.

(14) "Tuberculosis disease" means an illness determined by clinical or laboratory criteria or both to be caused by *Mycobacterium tuberculosis*.

(15) "Tuberculosis infection" means an infection with *Mycobacterium tuberculosis* in a person who has no symptoms of tuberculosis disease and is not infectious.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00; CR 01-105: r. and recr. Register March 2002 No. 555, eff. 4-1-02.

HFS 145.09 Laboratory procedures. (1) Any laboratory that receives a specimen for tuberculosis testing shall report all positive results as specified in s. HFS 145.04, including those obtained by an out-of-state laboratory, to the local health officer and to the department. The laboratory shall also submit an isolate from a patient with a positive culture to the state repository.

Note: Isolates for the state repository should be sent to: Mycobacteriology Laboratory, State Laboratory of Hygiene, Room 121, 465 Henry Mall, Madison, WI 53706.

(2) Any laboratory that performs primary culture for mycobacteria shall perform organism identification using an approved rapid testing procedure specified in the official statement of the Association of Public Health Laboratories, unless specified otherwise by the state epidemiologist. The laboratory shall ensure at least 80% of culture-positive specimens are reported as either *Mycobacterium tuberculosis* complex or not *Mycobacterium tuberculosis* complex within 21 calendar days of the laboratory's receipt of the specimens.

Note: The official statement of the Association of Public Health Laboratory entitled "Mycobacterium tuberculosis: assessing your laboratory" is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(3) Any laboratory that identifies *Mycobacterium tuberculosis* shall ensure that antimicrobial drug susceptibility tests are performed on all initial isolates. The laboratory shall report the results of these tests to the local health officer or the department.

Note: Reports may be submitted to the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (1), Register, February, 1989, No. 398, eff. 3-1-89; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00; CR 01-105: r. and recr. Register March 2002 No. 555, eff. 4-1-02.

HFS 145.10 Restriction and management of patients and contacts. (1) All persons with infectious tuberculosis or suspected tuberculosis, and their contacts, shall exercise all reasonable precautions to prevent the infection of others, under the methods of control set out in section 9 under tuberculosis, pages 525 to 530, listed in the 17th edition (2000) of *Control of Communicable Diseases Manual*, edited by James Chin, published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

Note: The handbook *Control of Communicable Diseases Manual*, 17th edition (2000), edited by James Chin, is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 800 I Street, NW, Washington, DC 20001-3710.

(2) All persons with infectious tuberculosis or suspected tuberculosis shall be excluded from work, school and other premises that cannot be maintained in a manner adequate to protect others from being exposed to tuberculosis, as determined by the local health officer.

(3) Official statements of the American Thoracic Society shall be considered in the treatment of tuberculosis, unless specified otherwise by the state epidemiologist. Specific medical treatment shall be prescribed by a physician or other licensed prescriber.

Note: The official statements of the American Thoracic Society may be found in the Centers for Disease Control and Prevention's recommendations and report "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." The report may be found in the Morbidity and Mortality Weekly Report, June 9, 2000, Vol. 49, No. RR-6. The American Thoracic Society's "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" may be found in the *American Journal of Respiratory and Critical Care Medicine*, vol. 149, 1994, pp. 1359-1374. These reports are on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and are available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(4) (a) Any physician or licensed prescriber who treats a person with tuberculosis disease shall report all of the following to the local health officer:

1. The date of the person's sputum conversion.
2. The date of the person's completion of the tuberculosis treatment regimen.

(b) The physician or his or her designee shall immediately report to the local health officer when a person with tuberculosis disease does any of the following:

1. Terminates treatment against medical advice.
2. Fails to comply with the medical treatment plan.
3. Fails to comply with measures to prevent transmission.
4. Leaves the hospital against the advice of a physician.

(5) Upon receiving a report under sub. (4) (b), the local health officer shall immediately investigate and transmit the report to the department.

(6) The local health officer or the department may do any of the following:

- (a) Order a medical evaluation of a person.
- (b) Require a person to receive directly observed therapy.
- (c) Require a person to be isolated under ss. 252.06 and 252.07 (5), Stats.

(d) Order the confinement of a person if the local health officer or the department decides that confinement is necessary and all of the following conditions are met:

1. The department or local health officer notifies a court in writing of the confinement.
2. The department or local health officer provides to the court a written statement from a physician that the person has infectious tuberculosis or suspected tuberculosis.

3. The department or local health officer provides to the court evidence that the person has refused to follow a prescribed treatment regimen or, in the case of a person with suspected tuberculosis, has refused to undergo a medical examination under par. (a) to confirm whether the person has infectious tuberculosis.

4. In the case of a person with a confirmed diagnosis of infectious tuberculosis, the department or local health officer determines that the person poses an imminent and substantial threat to himself or herself or to the public health. The department or the local health officer shall provide to the court a written statement of that determination.

(e) If the department or local health officer orders the confinement of a person under par. (d), a law enforcement officer, or other person authorized by the local public health officer, shall transport the person, if necessary, to a location that the department or local

health officer determines will meet the person's need for medical evaluation, isolation and treatment.

(f) No person may be confined under par. (d) for more than 72 hours, excluding Saturdays, Sundays and legal holidays, without a court hearing under sub. (7) to determine whether the confinement should continue.

(7) (a) If the department or a local health officer wishes to confine a person for more than 72 hours, the department or a local health officer may petition any court for a hearing to determine whether a person with infectious or suspected tuberculosis should be confined for longer than 72 hours. The department or local health officer shall include in the petition documentation that demonstrates all the following:

1. The person named in the petition has infectious tuberculosis; the person has noninfectious tuberculosis but is at high risk of developing infectious tuberculosis; or that the person has suspected tuberculosis.

2. The person has failed to comply with the prescribed treatment regimen or with any rules promulgated by the department under s. 252.07 (11), Stats.; or that the disease is resistant to the medication prescribed to the person.

3. All other reasonable means of achieving voluntary compliance with treatment have been exhausted and no less restrictive alternative exists; or that no other medication to treat the resistant disease is available.

4. The person poses an imminent and substantial threat to himself or herself or to the public health.

(b) If the department or a local health officer petitions the court for a hearing under par. (a), the department or local health officer shall provide the person who is the subject of the petition written notice of a hearing at least 48 hours before a scheduled hearing is to be held. Notice of the hearing shall include all the following information:

1. The date, time and place of the hearing.
2. The grounds, and underlying facts, upon which confinement of the person is being sought.
3. An explanation of the person's rights under sub. (8).
4. The proposed actions to be taken and the reasons for each action.

(8) A person who is the subject of a petition for a hearing under sub. (6) (a) has the right to appear at the hearing, the right to present evidence and cross-examine witnesses and the right to be represented by counsel. At the time of the filing of the petition, the court shall assure that the person who is the subject of the petition is represented by counsel. If the person claims or appears to be indigent, the court shall refer the person to the authority for indigency determinations under s. 977.07 (1), Stats. If the person is a child, the court shall refer that child to the state public defender who shall appoint counsel for the child without a determination of indigency, as provided in s. 48.23 (4), Stats. Unless good cause is shown, a hearing under this paragraph may be conducted by telephone or live audiovisual means, if available.

(9) An order issued by the court under sub. (6) (a) may be appealed as a matter of right. An appeal shall be heard within 30 days after the appeal is filed. An appeal does not stay the order.

(10) If the court orders confinement of a person under sub. (6) (a), the person shall remain confined until the department or local health officer, with the concurrence of a treating physician, determines that treatment is complete or that the person is no longer a substantial threat to himself or herself or to the public health. If the person is to be confined for more than 6 months, the court shall review the confinement every 6 months, beginning with the conclusion of the initial 6-month confinement period.

(11) (a) If the administrative officer of the facility where a person is isolated or confined has good cause to believe that the person may leave the facility, the officer shall use any legal means to restrain the person from leaving.

(b) The local health officer or a person designated by the local health officer shall monitor all persons under isolation or confinement as needed to ascertain that the isolation or confinement is being maintained.

(c) The local health officer or a person designated by the local health officer shall monitor all persons with tuberculosis disease until treatment is successfully completed.

(12) The local health officer or the department may order an examination of a contact to detect tuberculosis. Contacts shall be reexamined at times and in a manner as the local health officer may require.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00; CR 01-105: r. and recr. Register March 2002 No. 555, eff. 4-1-02..

HFS 145.11 Discharge from isolation or confinement. The local health officer or the department shall authorize the release of a person from isolation or confinement if all the following conditions are met:

(1) An adequate course of chemotherapy has been administered for a minimum of 2 weeks and there is clinical evidence of improvement, such as a decrease in symptom severity, radiographic findings indicating improvement, or other medical determination of improvement.

(2) Sputum or bronchial secretions are free of acid-fast bacilli.

(3) Specific arrangements have been made for post-isolation or post-confinement care.

(4) The person is considered by the local health officer or the department not to be a threat to the health of the general public and is likely to comply with the remainder of the treatment regimen.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00; CR 01-105: r. and recr. Register March 2002 No. 555, eff. 4-1-02..

HFS 145.12 Certification of public health dispensaries. (1) A local health department or 2 or more local health departments jointly may be certified by the department as a public health dispensary under s. 252.10, Stats., if the public health dispensary provides or ensures provision of all of the following:

- (a) Tuberculin skin testing.
- (b) Medication for treatment of tuberculosis disease and infection.
- (c) Directly observed therapy.
- (d) Tuberculosis contact investigation.
- (e) Case management.
- (f) Sputum specimen collection and induction.
- (g) Medical evaluation by a physician or nurse.
- (h) Chest radiographs.
- (i) Collection of serologic specimens.

(2) A local health department that meets the requirements under sub. (1) and wishes to be certified as a public health dispensary shall submit a request for certification to the department. The request for certification shall include a list of the tuberculosis-related services provided or arranged for and a plan for tuberculosis prevention and control at the local level, including tuberculin skin testing of high-risk groups as defined by the Centers for Disease Control and Prevention.

Note: "High-risk groups" are defined in the Centers for Disease Control and Prevention report, "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." The report may be found in the Morbidity and Mortality Weekly Report, June 9, 2000, Vol. 49, No. RR-6, and is on file in the Revisor of Statutes Bureau, the Secretary of State's Office, and is available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(3) Upon authority of s. 252.10, Stats., the department shall review the request for certification as a public health dispensary and the related local health department operations within 6 months of receiving the application. The department shall either issue a written certificate signed by the state health officer or deny

the application and provide a written explanation of the recommendations for improvement needed before the department reconsiders the request for certification.

(4) (a) The department shall review the operations of the public health dispensary at least every 5 years.

(b) The department may withhold, suspend or revoke its certification if the local health department fails to comply with any of the following:

1. Applicable federal or state statutes, or federal regulations or administrative rules pertaining to medical assistance, occupational safety, public health, professional practice, medical records and confidentiality.

2. The official statement of the national tuberculosis controllers association.

Note: The official statement of the National Tuberculosis Controllers Association entitled "Tuberculosis Nursing: a Comprehensive Guide to Patient Care" is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the National Tuberculosis Controllers Association, 2951 Flowers Road South, Suite 102, Atlanta, GA 30341-5533.

3. The official statements of the American Thoracic Society.

Note: The official statements of the American Thoracic Society may be found in the Centers for Disease Control and Prevention's recommendations and report "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." The report may be found in the Morbidity and Mortality Weekly Report, June 9, 2000, Vol. 49, No. RR-6. The American Thoracic Society's "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" may be found in the *American Journal of Respiratory and Critical Care Medicine*, vol. 149, 1994, pp. 1359-1374. The American Thoracic Society's "Diagnostic Standards and Classification of Tuberculosis in Adults and Children" may be found in *American Journal of Respiratory and Critical Care Medicine*, vol. 161, 2000, pp. 1376-1395. These reports are on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and are available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

4. The directives of the state health officer made under s. 252.02 (6), Stats.

(c) The department shall provide the local health department with at least 30 days notice of the department's decision to withhold, suspend or revoke its certification.

(5) (a) A department action under sub. (3) or (4) is subject to administrative review under ch. 227, Stats. To request a hearing under ch. 227, the public health dispensary shall file, within 10 working days after the date of the department's action, a written request for a hearing under s. 227.42, Stats. A request is considered filed on the date the division of hearings and appeals receives the request. A request by facsimile is complete upon transmission. If the request is filed by facsimile transmission between 5 P.M. and midnight, it shall be considered received on the following day.

Note: A hearing request should be addressed to the Department of Administration's Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707. Hearing requests may be delivered in person to that office at 5005 University Avenue, Room 201, Madison, WI. Hearing requests may be faxed to 608-264-9885.

(b) The division of hearings and appeals shall hold an administrative hearing under s. 227.44, Stats., within 30 calendar days after receipt of the request for the administrative hearing, unless the public health dispensary consents to an extension of that time period. The division of hearings and appeals shall issue a proposed decision to the department no later than 30 calendar days after holding the hearing, unless the department and the public health dispensary agree to a later date.

(6) Public health dispensaries or the department may contract with other agencies, institutions, hospitals, and persons for the necessary space, equipment, facilities and personnel to operate a public health dispensary or for provision of medical consultation.

(7) If a public health dispensary charges fees for its services, the dispensary shall do all the following:

(a) Establish a fee schedule that is based upon the reasonable costs the public health dispensary incurs.

(b) Forward a copy of the fee schedule and any subsequent changes to the department.

(8) (a) Public health dispensaries and branches thereof shall maintain records containing all the following:

1. The name of each person served.
2. The date of service for each person served.
3. The type of service provided to each person.
4. The amount the dispensary billed and received for providing service to each person.

(b) The department may audit the records of public health dispensary and branches specified under par. (a).

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00; CR 01-105: r. and recr. Register March 2002 No. 555, eff. 4-1-02..

HFS 145.13 Dispensary reimbursement. (1) REIMBURSABLE SERVICES. Public health dispensary services reimbursable by the department shall include at least the following:

(a) Tuberculin skin testing of high-risk persons as defined by the Centers for Disease Control and Prevention. The administration and reading of a tuberculin skin test shall be considered one visit. Tuberculin skin tests administered to persons who are not defined as high-risk by the Centers for Disease Control and Prevention, such as school employees, are not reimbursable.

Note: "High-risk persons" are defined in the Centers for Disease Control and Prevention report, "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." The report may be found in the Morbidity and Mortality Weekly Report, June 9, 2000, Vol. 49, No. RR-6, and is on file in the Revisor of Statutes Bureau, the Secretary of State's Office, and is available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(b) One chest radiograph for a person with a newly identified significant skin test result, including interpretation and consultation services.

(c) One follow-up chest radiograph, including interpretation and consultation services, to document response to therapy.

(d) An initial medical evaluation and one interim medical evaluation, as needed.

(e) Blood specimen collection for one baseline and up to 3 follow-up liver function tests.

(f) Visits to collect initial diagnostic sputum specimens, either freely coughed or induced, and follow-up specimens to monitor successful treatment, up to a total of 3 initial and 6 follow-up specimens.

(g) Sputum induction for collection of up to 3 specimens for initial diagnosis and 3 for documentation of sputum conversion.

(h) Case management visits and visits to provide directly observed therapy to persons with tuberculosis disease up to a maximum of 66 visits.

(2) REIMBURSEMENT RATE. (a) The department shall reimburse public health dispensaries on a quarterly basis for services provided under sub. (1) to clients who are not recipients of medical assistance until the biennial appropriation under s. 20.435 (5) (e), Stats., is totally expended. Reimbursement shall be at least at the medical assistance program rate in effect at the time of the delivery of the service.

(b) Public health dispensaries may claim reimbursement from the medical assistance program under ss. 49.43 to 49.497, Stats., and chs. HFS 101 to 108 for services under sub. (1) provided to persons eligible for medical assistance under s. 49.46 (1) (a) 15., Stats.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00; CR 01-105: Cr. Register March 2002 No. 555, eff. 4-1-02..

Subchapter III — Sexually Transmitted Disease

HFS 145.14 Definitions. In this subchapter:

(1) "Commitment" means the process by which a court of record orders the confinement of a person to a place providing treatment.

(2) "Contact" means a person who had physical contact with a case that involved the genitalia of one of them during a period of time which covers both the maximum incubation period for the disease and the time during which the case showed symptoms of the disease, or could have either infected the case or been infected by the case.

(3) "Minor" means a person under the age of 18.

(4) "Sexually transmitted diseases" means syphilis, gonorrhea, chancroid, genital herpes infection, chlamydia trachomatis, and sexually transmitted pelvic inflammatory disease.

(5) "Source" means the person epidemiologic evidence indicates is the origin of an infection.

(6) "Suspect" means a person who meets the criteria in s. HFS 145.18.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. and am. from HFS 145.12, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.15 Case reporting. Any administrator of a health care facility, state correctional institution or local facility subject to ch. DOC 350, who has knowledge of a case of a sexually transmitted disease shall report the case by name and address to the local health officer. If the services of an attending physician are available in an institution or health care facility, the physician or a designee shall report as described in s. HFS 145.04 (1) (a). The administrator shall ensure that this reporting requirement is fulfilled.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1991, No. 430; renum. and am. from HFS 145.13, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.16 Reporting of cases delinquent in treatment. Whenever any person with a sexually transmitted disease fails to return within the time directed to the physician or advanced practice nurse prescriber who has treated that person, the physician or advanced practice nurse prescriber or a designee shall report the person, by name and address, to the local health officer and the department as delinquent in treatment.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. and am. from HFS 145.14, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.17 Determination of sources and contacts. Physicians accepting cases for treatment shall determine the probable source of infection and any other contacts, and shall attempt to diagnose and treat those persons, or shall request that the local health officer or the department do so.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. from HFS 145.15, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.18 Criteria for determination of suspects. Any person falling into one or more of the following categories is designated as a suspect:

(1) Persons identified as sexual contacts of a sexually transmitted disease case;

(2) Persons having positive laboratory or clinical findings of sexually transmitted disease; and

(3) Persons in whom epidemiologic evidence indicates a sexually transmitted disease may exist.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. from HFS 145.16, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.19 Examination of suspects. Local health officers shall require the examination of suspects. The examination shall include a physical examination and appropriate laboratory and clinical tests.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. from HFS 145.17, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.20 Commitment of suspects. If, following the order of a local health officer or the department, a suspect refuses or neglects examination or treatment, a local health officer or the department shall file a petition with a court to have the person committed to a health care facility for examination, treatment or observation.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. from HFS 145.18, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.21 Treatment of minors. A physician or advanced practice nurse prescriber may treat a minor with a sexually transmitted disease or examine and diagnose a minor for the presence of the disease without obtaining the consent of the

minor's parents or guardian. The physician or advanced practice nurse prescriber shall incur no civil liability solely by reason of the lack of consent of the minor's parents or guardian, as stated in s. 252.11 (1m), Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. and am. from HFS 145.19, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.22 Treatment guidelines. Nationally recognized guidelines, including the "1998 Guidelines for Treatment of Sexually Transmitted Diseases" published by the U.S. Depart-

ment of Health and Human Services, shall be considered in the treatment of sexually transmitted diseases. Specific medical treatment shall be prescribed by a physician or advanced practice nurse prescriber.

Note: The publication, "1998 Guidelines for Treatment of Sexually Transmitted Diseases," is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325. Telephone: (202) 512-1800.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. and am. from HFS 145.20, Register, March, 2000, No. 531, eff. 4-1-00.

Chapter HFS 145

APPENDIX A

COMMUNICABLE DISEASES

CATEGORY I:

The following diseases are of urgent public health importance and shall be reported **IMMEDIATELY** to the patient's local health officer upon identification of a case or suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DOH 4151) to the address on the form within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax ^{1,4,5}	Meningococcal disease ^{1,2,3,4,5}
Botulism ^{1,4}	Pertussis (whooping cough) ^{1,2,3,4,5}
Botulism, infant ^{1,2,4}	Plague ^{1,4,5}
Cholera ^{1,3,4}	Poliomyelitis ^{1,4,5}
Diphtheria ^{1,3,4,5}	Rabies (human) ^{1,4,5}
Foodborne or waterborne outbreaks ^{1,2,3,4}	Ricin toxin ^{4,5}
Haemophilus influenzae invasive disease, (including epiglottitis) ^{1,2,3,5}	Rubella ^{1,2,4,5}
Hantavirus infection ^{1,2,4,5}	Rubella (congenital syndrome) ^{1,2,5}
Hepatitis A ^{1,2,3,4,5}	Smallpox ^{4,5}
Hepatitis E ^{3,4}	Tuberculosis ^{1,2,3,4,5}
Measles ^{1,2,3,4,5}	Yellow fever ^{1,4}

CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DOH 4151) or by other means within 72 hours of the identification of a case or suspected case. See s. HFS 145.04 (3) (b).

Amebiasis ^{3,4}	Q Fever ^{4,5}
Arboviral infection (encephalitis/meningitis) ^{1,2,4}	Reye syndrome ²
Babesiosis ^{4,5}	Rheumatic fever (newly diagnosed and meeting the Jones criteria) ⁵
Blastomycosis ⁵	Rocky Mountain spotted fever ^{1,2,4,5}
Brucellosis ^{1,4}	Salmonellosis ^{1,3,4}
Campylobacteriosis (campylobacter infection) ^{3,4}	Sexually transmitted diseases:
Cat Scratch Disease (infection caused by Bartonella species) ⁵	Chancroid ^{1,2}
Cryptosporidiosis ^{1,2,3,4}	Chlamydia trachomatis infection ^{2,4,5}
Cyclosporiasis ^{1,4,5}	Genital herpes infection (first episode identified by health care provider) ²
Ehrlichiosis ^{1,5}	Gonorrhea ^{1,2,4,5}
Encephalitis, viral (other than arboviral)	Pelvic inflammatory disease ²
E. coli 0157:H7, and other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli ^{1,2,3,4}	Syphilis ^{1,2,4,5}
Giardiasis ^{3,4}	Shigellosis ^{1,3,4}
Hemolytic uremic syndrome ^{1,2,4}	Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)
Hepatitis B ^{1,2,3,4,5}	Streptococcus pneumoniae invasive disease (invasive pneumococcal) ¹
Hepatitis C ^{1,2}	Tetanus ^{1,2,5}
Hepatitis non-A, non-B, (acute) ^{1,2}	Toxic shock syndrome ^{1,2}
Hepatitis D ^{2,3,4,5}	Toxic substance related diseases:
Histoplasmosis ⁵	Infant methemoglobinemia
Kawasaki disease ²	Lead intoxication (specify Pb levels)
Legionellosis ^{1,2,4}	Other metal and pesticide poisonings
Leprosy (Hansen Disease) ^{1,2,3,4,5}	Toxoplasmosis
Leptospirosis ⁴	Trichinosis ^{1,2,4}
Listeriosis ^{2,4}	Tularemia ⁴
Lyme disease ^{1,2}	Typhoid fever ^{1,2,3,4}
Malaria ^{1,2,4}	Typhus fever ⁴
Meningitis, bacterial (other than Haemophilus influenzae or meningococcal) ²	Varicella (chicken pox) – report by number of cases only
Meningitis, viral (other than arboviral)	Yersiniosis ^{3,4}
Mumps ^{1,2,4,5}	Suspected outbreaks of other acute or occupationally-related diseases
Mycobacterial disease (nontuberculous)	
Psittacosis ^{1,2,4}	

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DOH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DOH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS) ^{1,2,4}

Human immunodeficiency virus (HIV) infection^{2,4}

CD4 + T-lymphocyte count < 200/ μ L, or CD4 + T-lymphocyte percentage of total lymphocytes of < 14²

Key:

¹Infectious diseases designated as notifiable at the national level.

²Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.

³High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.

⁴Source investigation by local health department is needed.

⁵Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

CHAPTER 252 COMMUNICABLE DISEASES

252.10 Public health dispensaries.

252.14 Discrimination related to acquired immunodeficiency syndrome.

252.15 Restrictions on use of a test for HIV.

252.10 Public health dispensaries. (1) A local health department may request from the department certification to establish and maintain a public health dispensary for the diagnosis and treatment of persons suffering from or suspected of having tuberculosis. Two or more local health departments may jointly establish, operate and maintain public health dispensaries. The department shall certify a local health department to establish and maintain a public health dispensary if the local health department meets the standards established by the department by rule. The department of health and family services may withhold, suspend or revoke a certification if the local health department fails to comply with any rules promulgated by the department. The department shall provide the local health department with reasonable notice of the decision to withhold, suspend or revoke certification. The department shall offer the local health department an opportunity to comply with the rules and an opportunity for a fair hearing. Certified local health departments may contract for public health dispensary services. If the provider of those services fails to comply, the department may suspend or revoke the local health department's certification. The department may establish, operate and maintain public health dispensaries and branches in areas of the state where local authorities have not provided public health dispensaries.

(6) (a) The state shall credit or reimburse each dispensary on an annual or quarterly basis for the operation of public health dispensaries established and maintained in accordance with this section and rules promulgated by the department.

(b) The department shall determine by rule the reimbursement rate under par. (a) for services.

(g) The reimbursement by the state under pars. (a) and (b) shall apply only to funds that the department allocates for the reimbursement under the appropriation under s. 20.435 (5) (e).

(7) Drugs necessary for the treatment of mycobacterium tuberculosis shall be purchased by the department from the appropriation under s. 20.435 (5) (e) and dispensed to patients through the public health dispensaries, local health departments, physicians or advanced practice nurse prescribers.

(9) Public health dispensaries shall maintain such records as are required by the department to enable them to carry out their responsibilities designated in this section and in rules promulgated by the department. Records may be audited by the department.

(10) All public health dispensaries and branches thereof shall maintain records of costs and receipts which may be audited by the department of health and family services.

History: 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20) (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a. 27 ss. 6318, 9126 (19), 9145 (1); 1997 a. 27, 75, 156, 175, 252; 1999 a. 9, 32, 186.

Cross Reference: See also ch. HFS 145, Wis. adm. code.

252.14 Discrimination related to acquired immunodeficiency syndrome. (1) In this section:

(ad) "Correctional officer" has the meaning given in s. 301.28 (1).

(am) "Fire fighter" has the meaning given in s. 102.475 (8) (b).

(ar) "Health care provider" means any of the following:

1. A nurse licensed under ch. 441.
2. A chiropractor licensed under ch. 446.
3. A dentist licensed under ch. 447.
4. A physician licensed under subch. II of ch. 448.
- 4c. A perfusionist licensed under subch. II of ch. 448.

NOTE: Subd. 4c. is created eff. 1-1-03 by 2001 Wis. Act 89.

4e. A physical therapist licensed under subch. III of ch. 448.

NOTE: Subd. 4e. is amended eff. 4-1-04 by 2001 Wis. Act 70 to read: 4e. A physical therapist or physical therapist assistant licensed under subch. III of ch. 448.

4g. A podiatrist licensed under subch. IV of ch. 448.

4m. A dietitian certified under subch. V of ch. 448.

4p. An occupational therapist or occupational therapy assistant licensed under subch. VII of ch. 448.

4q. An athletic trainer licensed under subch. VI of ch. 448.

5. An optometrist licensed under ch. 449.

6. A psychologist licensed under ch. 455.

7. A social worker, marriage and family therapist, or professional counselor certified or licensed under ch. 457.

NOTE: Subd. 7. is shown as amended eff. 11-1-02 by 2001 Wis. Act 80. Prior to 11-1-02 it reads:

7. A social worker, marriage and family therapist or professional counselor certified under ch. 457.

8. A speech-language pathologist or audiologist licensed under subch. II of ch. 459 or a speech and language pathologist licensed by the department of public instruction.

9. An employee or agent of any provider specified under subds. 1. to 8.

10. A partnership of any provider specified under subds. 1. to 8.

11. A corporation of any provider specified under subds. 1. to 8. that provides health care services.

12. An operational cooperative sickness care plan organized under ss. 185.981 to 185.985 that directly provides services through salaried employees in its own facility.

13. An emergency medical technician licensed under s. 146.50 (5).

14. A physician assistant licensed under ch. 448. 15. A first responder.

(c) "Home health agency" has the meaning specified in s. 50.49 (1) (a).

(d) "Inpatient health care facility" means a hospital, nursing home, community-based residential facility, county home, county mental health complex or other place licensed or approved by the department under s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08 or 51.09 or a facility under s. 45.365, 48.62, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10.

(2) No health care provider, peace officer, fire fighter, correctional officer, state patrol officer, jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper, home health agency, inpatient health care facility or person who has access to a validated test result may do any of the following with respect to an individual who has acquired immunodeficiency syndrome or has a positive test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV, solely because the individual has HIV infection or an illness or medical condition that is caused by, arises from or is related to HIV infection:

(a) Refuse to treat the individual, if his or her condition is within the scope of licensure or certification of the health care provider, home health agency or inpatient health care facility.

(am) If a peace officer, fire fighter, correctional officer, state patrol officer, jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper, refuse to provide services to the individual.

(b) Provide care to the individual at a standard that is lower than that provided other individuals with like medical needs.

(bm) If a peace officer, fire fighter, correctional officer, state patrol officer, jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper, provide services to the individual at a standard that is lower than that provided other individuals with like service needs.

(c) Isolate the individual unless medically necessary.

(d) Subject the individual to indignity, including humiliating, degrading or abusive treatment.

(3) A health care provider, home health agency or inpatient health care facility that tests an individual for HIV infection shall provide counseling about HIV and referral for appropriate health care and support services as necessary. A health care provider, home health agency or inpatient health care facility that treats an individual who has an HIV infection or acquired

immunodeficiency syndrome shall develop and follow procedures that shall ensure continuity of care for the individual in the event that his or her condition exceeds the scope of licensure or certification of the provider, agency or facility.

(4) Any person violating Sub. (2) is liable to the patient for actual damages and costs, plus exemplary damages of up to \$5,000 for an intentional violation. In determining the amount of exemplary damages, a court shall consider the ability of a health care provider who is an individual to pay exemplary damages.

History: 1989 a. 201; 1991 a. 32, 39, 160, 189, 269, 315; 1993 a. 27 ss. 326 to 331; Stats. 1993 s. 252.14; 1993 a. 105, 190, 252, 443; 1993 a. 490 s. 143; 1993 a. 491, 495; 1995 a. 27 ss. 6322, 9145 (1); 1997 a. 27, 35, 67, 75, 175; 1999 a. 9, 32, 180; 2001 a. 70, 80, 89.

252.15 Restrictions on use of a test for HIV.

(1) **DEFINITIONS.** In this section: (ab) "Affected person" means an emergency medical technician, first responder, fire fighter, peace officer, correctional officer, person who is employed at a secured correctional facility, as defined in s. 938.02 (15m), a secured child caring institution, as defined in s. 938.02 (15g), or a secured group home, as defined in s. 938.02 (15p), state patrol officer, jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper, health care provider, employee of a health care provider or staff member of a state crime laboratory.

(ad) "Correctional officer" has the meaning given in s. 301.28 (1).

(af) "Emergency medical technician" has the meaning given in s. 146.50 (1) (e).

(aj) "Fire fighter" has the meaning given in s. 102.475 (8) (b).

(am) "Health care professional" means a physician who is licensed under ch. 448 or a registered nurse or licensed practical nurse who is licensed under ch. 441.

(ar) "Health care provider" means any of the following: 1. A person or entity that is specified in s. 146.81 (1), but does not include a massage therapist or bodyworker issued a certificate under ch. 460.

NOTE: Subd. 1. is shown as amended eff. 3-1-03 by 2001 Wis. Act 74. Prior to 3-1-03 it reads: 1. A person or entity that is specified in s. 146.81

(1), but does not include a massage therapist or bodyworker issued a license of registration under subch. XI of ch. 440.

2. A home health agency.

3. An employee of the Mendota mental health institute or the Winnebago mental health institute.

(cm) "Home health agency" has the meaning given in s. 50.49 (1) (a).

(d) "Informed consent for testing or disclosure" means consent in writing on an informed consent for testing or disclosure form by a person to the administration of a test to him or her for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV or to the disclosure to another specified person of the results of a test administered to the person consenting.

(e) "Informed consent for testing or disclosure form" means a printed document on which a person may signify his or her informed consent for testing for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV or authorize the disclosure of any test results obtained.

(eg) "Relative" means a spouse, parent, grandparent, stepparent, brother, sister, first cousin, nephew or niece; or uncle or aunt within the 3rd degree of kinship as computed under s. 990.001 (16). This relationship may be by blood, marriage or adoption.

(em) "Significantly exposed" means sustained a contact which carries a potential for a transmission of HIV, by one or more of the following:

1. Transmission, into a body orifice or onto mucous membrane, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

2. Exchange, during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

3. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

6. Other routes of exposure, defined as significant in rules promulgated by the department. The department in promulgating the rules shall consider all potential routes of transmission of HIV identified by the centers for disease control of the federal public health service.

(fm) "Universal precautions" means measures that a health care provider, an employee of a health care provider or other individual takes in accordance with recommendations of the federal centers for disease control for the health care provider, employee or other individual for prevention of HIV transmission in health-care settings.

(2) **INFORMED CONSENT FOR TESTING OR DISCLOSURE.** (a) No health care provider, blood bank, blood center or plasma center may subject a person to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV unless the subject of the test first provides informed consent for testing or disclosure as specified under par. (b), except that consent to testing is not required for any of the following:

1. Except as provided in subd. 1g., a health care provider who procures, processes, distributes or uses a human body part or human tissue donated as specified under s. 157.06 (6) (a) or (b) shall, without obtaining consent to the testing, test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV in order to assure medical acceptability of the gift for the purpose intended. The health care provider shall use as a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV a test or series of tests that the state epidemiologist finds medically significant and sufficiently reliable to detect the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV. If the validated test result of the donor from the test or series of tests performed is positive, the human body part or human tissue donated for use or proposed for donation may not be used.

1g. If a medical emergency, as determined by the attending physician of a potential donee and including a threat to the preservation of life of the potential donee, exists under which a human body part or human tissue that has been subjected to testing under subd. 1. is unavailable, the requirement of subd. 1. does not apply.

2. The department, a laboratory certified under 42 USC 263a or a health care provider, blood bank, blood center or plasma center may, for the purpose of research and without first obtaining written consent to the testing, subject any body fluids or tissues to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher.

3. The medical director of a center for the developmentally disabled, as defined in s. 51.01 (3), or a mental health institute, as defined in s. 51.01 (12), may, without obtaining consent to the testing, subject a resident or patient of the center or institute to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV if he or she determines that the conduct of the resident or patient poses a significant risk of transmitting HIV to another resident or patient of the center or institute.

4. A health care provider may subject an individual to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV, without obtaining consent to the testing from the individual, if all of the following apply:

a. The individual has been adjudicated incompetent under ch. 880, is under 14 years of age or is unable to give consent because he or she is unable to communicate due to a medical condition.

b. The health care provider obtains consent for the testing from the individual's guardian, if the individual is adjudicated incompetent under ch. 880; from the individual's parent or guardian, if the individual is under 14 years of age; or from the individual's closest living relative or another with whom the individual has a meaningful social and emotional relationship if the individual is not a minor nor adjudicated incompetent.

6. A health care professional acting under an order of the court under subd. 7. or s. 938.296 (4) or (5) or 968.38 (4) or (5) may, without first obtaining consent to the testing, subject an individual to a test or a series of tests to detect the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV. No sample used for laboratory test purposes under this subdivision may disclose the name of the test subject, and, notwithstanding

Sub. (4) (c), the test results may not be made part of the individual's permanent medical record.

7. a. If all of the conditions under subd. 7. ai. to c. are met, an emergency medical technician, first responder, fire fighter, peace officer, correctional officer, person who is employed at a secured correctional facility, as defined in s. 938.02 (15m), a secured child caring institution, as defined in s. 938.02 (15g), or a secured group home, as defined in s. 938.02 (15p), state patrol officer, jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper who, during the course of providing care or services to an individual; or a peace officer, correctional officer, state patrol officer, jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper who, while searching or arresting an individual or while controlling or transferring an individual in custody; or a health care provider or an employee of a health care provider who, during the course of providing care or treatment to an individual or handling or processing specimens of body fluids or tissues of an individual; or a staff member of a state crime laboratory who, during the course of handling or processing specimens of body fluids or tissues of an individual; is significantly exposed to the individual may subject the individual's blood to a test or a series of tests for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV and may receive disclosure of the results.

ai. The affected person uses universal precautions, if any, against significant exposure, and was using universal precautions at the time that he or she was significantly exposed, except in those emergency circumstances in which the time necessary for use of the universal precautions would endanger the life of the individual.

ak. A physician, based on information provided to the physician, determines and certifies in writing that the affected person has been significantly exposed. The certification shall accompany the request for testing and disclosure. If the affected person who is significantly exposed is a physician, he or she may not make this determination or certification. The information that is provided to a physician to document the occurrence of a significant exposure and the physician's certification that an affected person has been significantly exposed, under this subd. 7. ak., shall be provided on a report form that is developed by the department of commerce under s. 101.02 (19) (a) or on a report form that the department of commerce determines, under s. 101.02 (19) (b), is substantially equivalent to the report form that is developed under s. 101.02 (19) (a).

am. The affected person submits to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV, as soon as feasible or within a time period established by the department after consulting guidelines of the centers for disease control of the federal public health service, whichever is earlier.

ap. Except as provided in subd. 7. av. to c., the test is performed on blood that is drawn for a purpose other than testing for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV.

ar. The individual, if capable of consenting, has been given an opportunity to be tested with his or her consent and has not consented.

at. The individual has been informed that his or her blood may be tested for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV; that the test results may be disclosed to no one, including that individual, without his or her consent, except to the person who is certified to have been significantly exposed; that, if the person knows the identity of the individual, he or she may not disclose the identity to any other person except for the purpose of having the test or series of tests performed; and that a record may be kept of the test results only if the record does not reveal the individual's identity.

av. If blood that is specified in subd. 7. ap. is unavailable, the person who is certified under subd. 7. ak. to have been significantly exposed may request the district attorney to apply to the circuit court for his or her county to order the individual to submit to a test or a series of tests for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV and to disclose the results to that person. The person who is certified under subd. 7. ak. to have been significantly exposed shall accompany the request with the certification under subd. 7. ak.

b. Upon receipt of a request and certification under the requirements of this subdivision, a district attorney shall, as soon

as possible so as to enable the court to provide timely notice, apply to the circuit court for his or her county to order the individual to submit to a test or a series of tests as specified in subd. 7. a., administered by a health care professional, and to disclose the results of the test or tests as specified in subd. 7. c.

c. The court shall set a time for a hearing on the matter under subd. 7. a. within 20 days after receipt of a request under subd. 7. b. The court shall give the district attorney and the individual from whom a test is sought notice of the hearing at least 72 hours prior to the hearing. The individual may have counsel at the hearing, and counsel may examine and cross-examine witnesses. If the court finds probable cause to believe that the individual has significantly exposed the affected person, the court shall, except as provided in subd. 7. d., order the individual to submit to a test or a series of tests for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV. The court shall require the health care professional who performs the test or series of tests to refrain from disclosing the test results to the individual and to disclose the test results to the affected person and his or her health care professional. No sample used for laboratory test purposes under this subd. 7. c. may disclose the name of the test subject.

d. The court is not required to order the individual to submit to a test under subd. 7. c. if the court finds substantial reason relating to the life or health of the individual not to do so and states the reason on the record.

7m. The test results of an individual under subd. 7. may be disclosed only to the individual, if he or she so consents, to anyone authorized by the individual and to the affected person who was certified to have been significantly exposed. A record may be retained of the test results only if the record does not reveal the individual's identity. If the affected person knows the identity of the individual whose blood was tested, he or she may not disclose the identity to any other person except for the purpose of having the test or series of tests performed.

(am) 1. A health care provider who procures, processes, distributes or uses human sperm donated as specified under s. 157.06 (6) (a) or (b) shall, prior to the distribution or use and with informed consent under the requirements of par. (b), test the proposed donor for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV in order to assure medical acceptability of the gift for the purpose intended. The health care provider shall use as a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV a test or series of tests that the state epidemiologist finds medically significant and sufficiently reliable under s. 252.13 (1r) to detect the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV. The health care provider shall test the donor initially and, if the initial test result is negative, shall perform a 2nd test on a date that is not less than 180 days from the date of the procurement of the sperm. No person may use the donated sperm until the health care provider has obtained the results of the 2nd test. If any validated test result of the donor for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV is positive, the sperm donated for use may not be used and, if donated, shall be destroyed.

2. A health care provider who procures, processes, distributes or uses human ova donated as specified under s. 157.06 (6) (a) or (b) shall, prior to the distribution or use and with informed consent under the requirements of par. (b), test the proposed donor for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV in order to assure medical acceptability of the gift for the purpose intended.

(b) The health care provider, blood bank, blood center or plasma center that subjects a person to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV under pars. (a) and (am) shall, in instances under those paragraphs in which consent is required, provide the potential test subject with an informed consent form for testing or disclosure that shall contain the following information and on the form shall obtain the potential test subject's signature or may, if the potential test subject has executed a power of attorney for health care instrument under ch. 155 and has been found to be incapacitated under s. 155.05 (2), instead obtain the signature of the health care agent:

1. The name of the potential test subject who is giving consent and whose test results may be disclosed and, if the potential test subject has executed a power of attorney for health care

instrument under ch. 155 and has been found to be incapacitated under s. 155.05 (2), the name of the health care agent.

2. A statement of explanation to the potential test subject that the test results may be disclosed as specified under Sub. (5) (a) and either a listing that duplicates the persons or circumstances specified under Sub. (5) (a) 2. to 19. or a statement that the listing is available upon request.

3. Spaces specifically designated for the following purposes:

a. The signature of the potential test subject or, if the potential test subject has executed a power of attorney for health care instrument under ch. 155 and has been found to be incapacitated under s. 155.05 (2), of the health care agent, providing informed consent for the testing and the date on which the consent is signed.

b. The name of a person to whom the potential test subject or, if the potential test subject has executed a power of attorney for health care instrument under ch. 155 and has been found to be incapacitated under s. 155.05 (2), the health care agent, authorizes that disclosure of test results be made, if any, the date on which the consent to disclosure is signed, and the time period during which the consent to disclosure is effective.

(bm) The health care provider that subjects a person to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV under par. (a) 3. shall provide the test subject and the test subject's guardian, if the test subject is incompetent under ch. 880, with all of the following information:

1. A statement of explanation concerning the test that was performed, the date of performance of the test and the test results.

2. A statement of explanation that the test results may be disclosed as specified under Sub. (5) (a) and either a listing that duplicates the persons or circumstances specified under Sub. (5) (a) 2. to 18. or a statement that the listing is available upon request.

(3) WRITTEN CONSENT TO DISCLOSURE. A person who receives a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV under Sub. (2) (b) or, if the person has executed a power of attorney for health care instrument under ch. 155 and has been found to be incapacitated under s. 155.05 (2), the health care agent may authorize in writing a health care provider, blood bank, blood center or plasma center to disclose the person's test results to anyone at any time subsequent to providing informed consent for disclosure under Sub. (2) (b) and a record of this consent shall be maintained by the health care provider, blood bank, blood center or plasma center so authorized.

(4) RECORD MAINTENANCE. A health care provider, blood bank, blood center or plasma center that obtains from a person a specimen of body fluids or tissues for the purpose of testing for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV shall:

(a) Obtain from the subject informed consent for testing or disclosure, as provided under Sub. (2).

(b) Maintain a record of the consent received under par. (a).

(c) Maintain a record of the test results obtained. A record that is made under the circumstances described in Sub. (2) (a) 7m. may not reveal the identity of the test subject.

(5) CONFIDENTIALITY OF TEST. (a) An individual who is the subject of a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV or the individual's health care agent, if the individual has executed a power of attorney for health care instrument under ch. 155 and has been found to be incapacitated under s. 155.05 (2), may disclose the results of the individual's test to anyone. A person who is neither the individual nor the individual's health care agent may not, unless he or she is specifically authorized by the individual to do so, disclose the individual's test results except to the following persons or under the following circumstances:

1. To the subject of the test and, if the test subject has executed a power of attorney for health care instrument under ch. 155 and has been found to be incapacitated under s. 155.05 (2), the health care agent.

2. To a health care provider who provides care to the test subject, including those instances in which a health care provider provides emergency care to the subject.

3. To an agent or employee of a health care provider under subd. 2. who prepares or stores patient health care records, as defined in s. 146.81 (4), for the purposes of preparation or storage of those records; provides patient care; or handles or processes specimens of body fluids or tissues.

4. To a blood bank, blood center or plasma center that subjects a person to a test under Sub. (2) (a), for any of the following purposes: a. Determining the medical acceptability of blood or plasma secured from the test subject. b. Notifying the test subject of the test results. c. Investigating HIV infections in blood or plasma.

5. To a health care provider who procures, processes, distributes or uses a human body part donated as specified under s. 157.06 (6) (a) or (b), for the purpose of assuring medical acceptability of the gift for the purpose intended.

6. To the state epidemiologist or his or her designee, for the purpose of providing epidemiologic surveillance or investigation or control of communicable disease.

7. To a funeral director, as defined under s. 445.01 (5) or to other persons who prepare the body of a decedent for burial or other disposition or to a person who performs an autopsy or assists in performing an autopsy.

8. To health care facility staff committees or accreditation or health care services review organizations for the purposes of conducting program monitoring and evaluation and health care services reviews.

9. Under a lawful order of a court of record except as provided under s. 901.05.

10. To a person who conducts research, for the purpose of research, if the researcher:

a. Is affiliated with a health care provider under subd. 3.

b. Has obtained permission to perform the research from an institutional review board.

c. Provides written assurance to the person disclosing the test results that use of the information requested is only for the purpose under which it is provided to the researcher, the information will not be released to a person not connected with the study, and the final research product will not reveal information that may identify the test subject unless the researcher has first received informed consent for disclosure from the test subject.

11. To a person, including a person exempted from civil liability under the conditions specified under s. 895.48, who renders to the victim of an emergency or accident emergency care during the course of which the emergency caregiver is significantly exposed to the emergency or accident victim, if a physician, based on information provided to the physician, determines and certifies in writing that the emergency caregiver has been significantly exposed and if the certification accompanies the request for disclosure.

12. To a coroner, medical examiner or an appointed assistant to a coroner or medical examiner, if one or more of the following conditions exist:

a. The possible HIV-infected status is relevant to the cause of death of a person whose death is under direct investigation by the coroner, medical examiner or appointed assistant.

b. The coroner, medical examiner or appointed assistant is significantly exposed to a person whose death is under direct investigation by the coroner, medical examiner or appointed assistant, if a physician, based on information provided to the physician, determines and certifies in writing that the coroner, medical examiner or appointed assistant has been significantly exposed and if the certification accompanies the request for disclosure.

13. To a sheriff, jailer or keeper of a prison, jail or house of correction or a person designated with custodial authority by the sheriff, jailer or keeper, for whom disclosure is necessitated in order to permit the assigning of a private cell to a prisoner who has a positive test result.

14. If the test results of a test administered to an individual are positive and the individual is deceased, by the individual's attending physician, to persons, if known to the physician, with whom the individual has had sexual contact or has shared intravenous drug use paraphernalia.

15. To anyone who provides consent for the testing under Sub. (2) (a) 4. b., except that disclosure may be made under this subdivision only during a period in which the test subject is adjudicated incompetent under ch. 880, is under 14 years of age or is unable to communicate due to a medical condition.

17. To an alleged victim or victim, to a health care professional, upon request as specified in s. 938.296 (4) (e) or (5) (e) or 968.38 (4) (c) or (5) (c), who provides care to the alleged victim or victim and, if the alleged victim or victim is a minor, to the parent or

guardian of the alleged victim or victim, under s. 938.296 (4) or (5) or 968.38 (4) or (5).

18. To an affected person, under the requirements of Sub. (2) (a) 7.

19. If the test was administered to a child who has been placed in a foster home, treatment foster home, group home, residential care center for children and youth, or secured correctional facility, as defined in s. 938.02 (15m), including a placement under s. 48.205, 48.21, 938.205, or 938.21 or for whom placement in a foster home, treatment foster home, group home, residential care center for children and youth, or secured correctional facility is recommended under s. 48.33 (4), 48.425 (1) (g), 48.837 (4) (c), or 938.33 (3) or (4), to an agency directed by a court to prepare a court report under s. 48.33 (1), 48.424 (4) (b), 48.425 (3), 48.831 (2), 48.837 (4) (c), or 938.33 (1), to an agency responsible for preparing a court report under s. 48.365 (2g), 48.425 (1), 48.831 (2), 48.837 (4) (c), or 938.365 (2g), to an agency responsible for preparing a permanency plan under s. 48.355 (2e), 48.38, 48.43 (1) (c) or (5) (c), 48.63 (4) or (5) (c), 48.831 (4) (e), 938.355 (2e), or 938.38 regarding the child, or to an agency that placed the child or arranged for the placement of the child in any of those placements and, by any of those agencies, to any other of those agencies and, by the agency that placed the child or arranged for the placement of the child in any of those placements, to the child's foster parent or treatment foster parent or the operator of the group home, residential care center for children and youth, or secured correctional facility in which the child is placed, as provided in s. 48.371 or 938.371.

NOTE: Subd. 19. is shown as affected by two acts of the 2001 legislature and as merged by the revisor under s. 13.93 (2)(c).

20. To a prisoner's health care provider, the medical staff of a prison or jail in which a prisoner is confined, the receiving institution intake staff at a prison or jail to which a prisoner is being transferred or a person designated by a jailer to maintain prisoner medical records, if the disclosure is made with respect to the prisoner's patient health care records under s. 302.388, to the medical staff of a jail to whom the results are disclosed under s. 302.388 (2) (c) or (d), to the medical staff of a jail to which a prisoner is being transferred, if the results are provided to the medical staff by the department of corrections as part of the prisoner's medical file, to a health care provider to whom the results are disclosed under s. 302.388 (2) (c) or (f) or the department of corrections if the disclosure is made with respect to a prisoner's patient health care records under s. 302.388 (4).

(b) A private pay patient may deny access to disclosure of his or her test results granted under par. (a) 10. if he or she annually submits to the maintainer of his or her test results under Sub. (4) (c) a signed, written request that denial be made.

(5m) AUTOPSIES; TESTING OF CERTAIN CORPSES. Notwithstanding s. 157.05, a corpse may be subjected to a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV and the test results disclosed to the person who has been significantly exposed under any of the following conditions:

(a) If a person, including a person exempted from civil liability under the conditions specified under s. 895.48, who renders to the victim of an emergency or accident emergency care during the course of which the emergency caregiver is significantly exposed to the emergency or accident victim and the emergency or accident victim subsequently dies prior to testing for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV, and if a physician, based on information provided to the physician, determines and certifies in writing that the emergency caregiver has been significantly exposed and if the certification accompanies the request for testing and disclosure. Testing of a corpse under this paragraph shall be ordered by the coroner, medical examiner or physician who certifies the victim's cause of death under s. 69.18 (2) (b), (c) or (d).

(b) If a funeral director, coroner, medical examiner or appointed assistant to a coroner or medical examiner who prepares the corpse of a decedent for burial or other disposition or a person who performs an autopsy or assists in performing an autopsy is significantly exposed to the corpse, and if a physician, based on information provided to the physician, determines and certifies in writing that the funeral director, coroner, medical examiner or appointed assistant has been significantly exposed and if the certification accompanies the request for testing and disclosure. Testing of a corpse under this paragraph shall be ordered by the

attending physician of the funeral director, coroner, medical examiner or appointed assistant who is so exposed.

(c) If a health care provider or an agent or employee of a health care provider is significantly exposed to the corpse or to a patient who dies subsequent to the exposure and prior to testing for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV, and if a physician who is not the health care provider, based on information provided to the physician, determines and certifies in writing that the health care provider, agent or employee has been significantly exposed and if the certification accompanies the request for testing and disclosure. Testing of a corpse under this paragraph shall be ordered by the physician who certifies that the significant exposure has occurred.

(5r) SALE OF TESTS WITHOUT APPROVAL PROHIBITED. No person may sell or offer to sell in this state a test or test kit to detect the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV for self-use by an individual unless the test or test kit is first approved by the state epidemiologist. In reviewing a test or test kit under this subsection, the state epidemiologist shall consider and weigh the benefits, if any, to the public health of the test or test kit against the risks, if any, to the public health of the test or test kit.

(6) EXPANDED DISCLOSURE OF TEST RESULTS PROHIBITED. No person to whom the results of a test for the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV have been disclosed under Sub. (5) (a) or (5m) may disclose the test results except as authorized under Sub. (5) (a) or (5m).

(7) REPORTING OF POSITIVE TEST RESULTS. (a) Notwithstanding ss. 227.01 (13) and 227.10 (1), for the purposes of this subsection, the state epidemiologist shall determine, based on the preponderance of available scientific evidence, the procedures necessary in this state to obtain a validated test result and the secretary shall so declare under s. 250.04 (1) or (2) (a). The state epidemiologist shall revise this determination if, in his or her opinion, changed available scientific evidence warrants a revision, and the secretary shall declare the revision under s. 250.04 (1) or (2) (a).

(b) If a positive, validated test result is obtained from a test subject, the health care provider, blood bank, blood center or plasma center that maintains a record of the test results under Sub. (4) (c) shall report to the state epidemiologist the following information:

1. The name and address of the health care provider, blood bank, blood center or plasma center reporting.
2. The name and address of the subject's health care provider, if known.
3. The name, address, telephone number, age or date of birth, race and ethnicity, sex and county of residence of the test subject, if known.
4. The date on which the test was performed.
5. The test result.

6. Any other medical or epidemiological information required by the state epidemiologist for the purpose of exercising surveillance, control and prevention of HIV infections.

(c) Except as provided in Sub. (7m), a report made under par. (b) may not include any of the following:

1. Information with respect to the sexual orientation of the test subject.
2. The identity of persons with whom the test subject may have had sexual contact.

(d) This subsection does not apply to the reporting of information under s. 252.05 with respect to persons for whom a diagnosis of acquired immuno-deficiency syndrome has been made.

(7m) REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. If a positive, validated test result is obtained from a test subject, the test subject's physician who maintains a record of the test result under Sub. (4) (c) may report to the state epidemiologist the name of any person known to the physician to have been significantly exposed to the test subject, only after the physician has done all of the following:

- (a) Counseled the test subject to inform any person who has been significantly exposed to the test subject.
- (b) Notified the test subject that the name of any person known to the physician to have been significantly exposed to the test subject will be reported to the state epidemiologist.

(8) CIVIL LIABILITY. (a) Any person violating Sub. (2), (5) (a), (5m), (6) or (7) (c) is liable to the subject of the test for actual damages, costs and reasonable actual attorney fees, plus exemplary damages of up to \$1,000 for a negligent violation and up to \$25,000 for an intentional violation.

(b) The plaintiff in an action under par. (a) has the burden of proving by a preponderance of the evidence that a violation occurred under Sub. (2), (5) (a), (5m), (6) or (7) (c). A conviction under Sub. (2), (5) (a), (5m), (6) or (7) (c) is not a condition precedent to bringing an action under par. (a).

(9) PENALTIES. Whoever intentionally discloses the results of a blood test in violation of Sub. (2) (a) 7m., (5) (a) or (5m) and thereby causes bodily harm or psychological harm to the subject of the test may be fined not more than \$25,000 or imprisoned not more than 9 months or both. Whoever negligently discloses the results of a blood test in violation of Sub. (2) (a) 7m., (5) (a) or (5m) is subject to a forfeiture of not more than \$1,000 for each violation. Whoever intentionally discloses the results of a blood test in violation of Sub. (2) (a) 7m., (5) (a) or (5m), knowing that

the information is confidential, and discloses the information for pecuniary gain may be fined not more than \$100,000 or imprisoned not more than 3 years and 6 months, or both.

(10) DISCIPLINE OF EMPLOYEES. Any employee of the state or a political subdivision of the state who violates this section may be discharged or suspended without pay.

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74; s. 13.93 (2) (c).

No claim for a violation of Sub. (2) was stated when the defendants neither conducted HIV tests nor were authorized recipients of the test results. *Hillman v. Columbia County*, 164 Wis. 2d 376, 474 N.W.2d 913 (Ct. App. 1991).

This section does not prevent a court acting in equity from ordering an HIV test where this section does not apply. *Syring v. Tucker*, 174 Wis. 2d 787, 498 N.W.2d 370 (1993).

This section has no bearing on a case in which a letter from the plaintiff to the defendant pharmacy contained a reference to a drug used only to treat AIDS, but did not disclose the results of an HIV test or directly disclose that the defendant had AIDS. *Doe v. American Stores, Co.* 74 F. Supp. 2d 855 (1999).

Confidentiality of Medical Records. Meili. Wis. Law. Feb. 1995.